PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number
09/974016
15 0065° 50

القائد هداد. أمانيات والداد

ala . Para . Paid pl

6.1.

A CONTROLL OF THE PARTY OF THE

مرائي سانفيان

negation and seeded can rea seeded can rea seed at 1 cm

HANGE SHIPS

4006 4814444 14100 4114444 1414 44444

• •

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1		(Column 2)			TYPE =		OR	OR SMALL ENTITY		
TOTAL CLAIMS			59					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TO	TAL CHARGEA	BLE CLAIMS	5 4 minus 20=		• • 39			X\$ 9=	351	OR	X\$18=		
INDEPENDENT CLAIMS			(minus 3 =		3			X40=	(20	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2									१२८	OR	TOTAL		
1/1/ CLAIMS AS AMENDED - PART II								'		•	OTHER		
N	11/1 D	(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	and the second	CLAIMS REMAINING AFTER AMENDMENT	E SERVE	PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	· non	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	· Pv	Minus	***	T 01 4114	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
		CLAIMS			HEST		٦.		ADDI-	1		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		PREV	MBEA HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=		
ME	Independent	<u> </u>	Minus	***		=	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	II CLAIM		L	+135=		OR	+270=	1.	
	•							TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OF	X\$18=		
ME	Independent	•	Minus	•••		=	4	X40=		OF	X80=		
Ľ	FIRST PRES	ENTATION OF	AULTIPLE DEF	PENDE	NT CLAIN	<u>л</u>	Ļ	+135=		OF			
to the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
	If the Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3."												
1	The "Highest Nu	mber Previously F	aid For (Total o	r Indepe	ndent) is th	ne highest num	ber f	ound in the a	ppropriate b	ox in (column 1.		

· ととままと宿免疫職務事を今今於此本に

子是是其後接種職職職職務各人各有行為

これの調を明からい

一年、南、南大衛大衛の東京大

い機能なる中の

五五七年安安縣等為中